

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
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**COVER PAGE**

2010 MAR 15 AM 8:08

*A Public Document*

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Woodrow	Terry		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
OPTIONAL: E-MAIL ADDRESS			

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Alpine County Board of Supervisors

Division, Board, District, if applicable:

District 4

Your Position:

County Supervisor

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☐ State

☒ County of Alpine

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☒ Candidate Election Year: 2010

**4. Schedule Summary**

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached  
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached  
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached  
Real Property

Schedule C ☒ Yes – schedule attached  
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached  
Income – Gifts

Schedule E ☒ Yes – schedule attached  
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 2, 2010  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your filing official.)

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700  
2009/2010

**TERRY WOODROW**

ALPINE COUNTY SUPERVISOR  
DISTRICT 4

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Central Sierra Child Support Agency Board of Directors  
Board Member

-Central Sierra Economic Development District Governing Board  
Board Member (Alpine, Amador, Calaveras, Tuolumne)  
-Central Sierra Planning Council  
Board Member

-Central Sierra Resource Conservation and Development Board  
(Amador, Alpine, Calaveras) Board Member

Children and Families (First 5) Commission

Local Agency Formation Commission (LAFCO)  
Commissioner

Mountain Valley EMS Agency  
Board Member

**CG** Upper Mokelumne River Watershed Authority (Amador, Alpine, Calaveras)  
Board Member (Representing Board of Supervisors and Water Agency)

FPPC

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Terry Woodrow</u>

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Creekside Condo Association #1

ADDRESS (Business Address Acceptable)

P0 Box 5127 Bear Valley CA 95223

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Home Owner's Associaion

YOUR BUSINESS POSITION

Manager

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Terry R. Bowman

ADDRESS (Business Address Acceptable)

415 Main Street, Murphys CA 95247

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Real Estate Sales

YOUR BUSINESS POSITION

Manager

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment

☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)

☒ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

INTEREST RATE

TERM (Months/Years)

ADDRESS (Business Address Acceptable)

\_\_\_\_\_ %      ☐ None

SECURITY FOR LOAN

☐ None      ☐ Personal residence

BUSINESS ACTIVITY, IF ANY, OF LENDER

☐ Real Property \_\_\_\_\_  
Street address

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

\_\_\_\_\_ City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> <b>FAIR POLITICAL PRACTICES COMMISSION</b>
Name <u>Terry Woodrow</u>

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE <u>California State Associaion of Counties</u>	
ADDRESS (Business Address Acceptable) <u>1100 K Street, Suite 101</u>	
CITY AND STATE <u>Sacramento CA 95814</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 	
DATE(S): <u>01 / 01 / 09 - 12 / 31 / 09</u> AMT: \$ <u>187.10</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Meals</u>	

▶ NAME OF SOURCE 	
ADDRESS (Business Address Acceptable) 	
CITY AND STATE 	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 	
DATE(S): <u>  /  /  </u> - <u>  /  /  </u> AMT: \$ <u>  </u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>  </u>	

▶ NAME OF SOURCE 	
ADDRESS (Business Address Acceptable) 	
CITY AND STATE 	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 	
DATE(S): <u>  /  /  </u> - <u>  /  /  </u> AMT: \$ <u>  </u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>  </u>	

▶ NAME OF SOURCE 	
ADDRESS (Business Address Acceptable) 	
CITY AND STATE 	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 	
DATE(S): <u>  /  /  </u> - <u>  /  /  </u> AMT: \$ <u>  </u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: <u>  </u>	

Comments: